



Submit Professional Claims Online (Direct Data Entry)




Quick Reference



Business Rules

- Fields marked with an asterisk (*) are required and must be completed for the Claim to be submitted successfully.
- DDE is available only for **original** claim submission; not for Adjustments or Voids.
- There are no hyperlinks from the DDE screens to any other screens within CHAMPS.

| Action | Submit Professional Claims Online – Submit Claims | Notes |
|----------------------|--|---|
| Submit Claims | <ol style="list-style-type: none"> 1. After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access 2. Click the Claims tab at the top of the page 3. Click on the Claim Submission hyperlink 4. Click the Submit Professional claim type hyperlink | <ul style="list-style-type: none"> • The Submit Professional page appears. Hyperlinks appearing near the top of this page take you to the corresponding area on the page. For example, clicking the “Beneficiary” hyperlink causes the page to scroll to the Beneficiary section of the page. • Enter claim data from CMS 1500 form into appropriate fields. |
| | Submit Professional Claims Online – Provider Information | Notes |
| Provider Information | <ol style="list-style-type: none"> 1. The Provider ID number under the Provider Information Section at the header level of the claim will be populated with the NPI of the Domain you have entered into the system under Provider ID: <input type="text" value="1234567890"/> 2. The Type from the drop down lists will be populated with type NPI Type: <input type="text" value="NPI"/> 3. Optionally, enter the Taxonomy Code Taxonomy Code: <input type="text"/> 4. Select “Yes” or “No” for the “Is the Billing Provider also the Rendering Provider?” question 5. Select “Yes” or “No” for the “Is the Billing Provider also the Supervising Provider?” question 6. Select “Yes” or “No” for the “Is this service the result of a referral?” | <ul style="list-style-type: none"> • Verify the NPI number you logged into CHAMPS with. You must select the Domain of the Billing Provider NPI. If you have selected the incorrect Domain and wish to change the Provider ID, you must click on My Inbox and select Change Profile. • If “NO” is selected, you MUST complete the fields that appear: Provider ID and Type. Optionally, enter a Taxonomy Code. • If “NO” is selected, you MUST complete the fields that appear: Provider ID and Type. Optionally, enter a Taxonomy Code. • If “YES” is selected, you MUST complete the fields that appear: Provider ID and Type. Optionally, enter a |

| | | Taxonomy Code. <ul style="list-style-type: none"> When Billing Provider, Rendering Provider, Pay to Provider and Referring Provider numbers are entered, they must refer to different providers, with the following exception – the Billing Provider can also be the Rendering Provider as long as he/she is not enrolled as Rendering/Servicing Only. |
|-----------------------------|--|--|
| Action | Submit Professional Claims Online – Beneficiary Information | Notes |
| Beneficiary Information | <ol style="list-style-type: none"> Enter the Beneficiary ID Beneficiary ID: <input type="text"/> * Enter the Beneficiary's Last Name Last Name: <input type="text"/> * Enter the Beneficiary's First Name First Name: <input type="text"/> * Optionally, enter the Beneficiary's Middle Initial (MI) MI: <input type="text"/> Optionally, enter the Beneficiary's Suffix Suffix: <input type="text"/> Enter the Beneficiary's Date of Birth Date of Birth: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy * Select an option from the Gender drop-down list Gender: <input type="text"/> * Optionally, enter the Onset of Current Illness/symptom Date Onset of Current Illness/symptom Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy Optionally, enter the Similar Illness/symptom Date Similar Illness/symptom Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy Select "Yes" or "No" form the "Does the beneficiary have insurance other than Medicaid?" question | <ul style="list-style-type: none"> Examples of a Suffix are: Jr. or Sr. Use the two-digit month (mm), two-digit date (dd), and four-digit year (yyyy) format. If "YES" is selected, see "Submit Claims Online – Other Insurance Information" section below. |
| Action | Submit Professional Claims Online – Other Insurance Information | Notes |
| Other Insurance Information | <ol style="list-style-type: none"> Select an option in the Payer Responsibility Code drop-down list Payer Responsibility Code: <input type="text"/> * Optionally, enter the Remittance Date: Remittance Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy Enter the Payer ID Number Payer ID Number: <input type="text"/> * Optionally, enter the Subscriber Member ID Subscriber Member ID: <input type="text"/> | <ul style="list-style-type: none"> For other insurance, Primary must be entered in the first occurrence of Payer Responsibility Code; Secondary must be entered in the second occurrence, and Tertiary must be entered in the third occurrence. For Remittance Date list the date on the primary carrier EOB Provider can submit up to 3 other insurances. The list of Payer ID (Carrier ID) Numbers can be found on www.michigan.gov/medicaidproviders >>Billing and |

| | <p>5. Optionally, enter the Subscriber's Last Name, First Name, Middle Initial (MI), and Suffix where appropriate.</p> <p>6. Enter the Insured's Group or Policy Number Insured's Group or Policy Number: <input type="text"/> *</p> <p>7. Select an option in the Beneficiary's Relationship drop-down list Beneficiary's Relationship: <input type="text"/> *</p> <p>8. Select an option in the Claim Filing Indicator drop-down list Claim Filing Indicator : <input type="text"/> *</p> <p>9. Enter an amount in the Total COB Payer Paid Amount field Total COB Payer Paid Amount: \$ <input type="text"/> *</p> <p>10. Click the Add Another Add Another hyperlink to add additional insurance information then repeat Steps 1 – 11</p> | <p>Reimbursement >>Third Party Liability</p> <ul style="list-style-type: none"> Total COB Payer Paid Amount may be "zero". |
|-------------------|---|--|
| Action | Submit Professional Claims Online – Claim Information | Notes |
| Claim Information | <p>1. To add optional Relevant Dates, do the following:</p> <p>a. Click the red  to expand the Relevant Dates section</p> <p>b. Enter an Admission Date Admission Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy</p> <p>c. Enter a Discharge Date Discharge Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy</p> <p>d. Enter a Hearing or Vision Prescription Date Hearing or Vision Prescription Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy</p> <p>e. Enter an Assumed Care Date Assumed Care Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy</p> <p>f. Enter a Relinquished Care Date Relinquished Care Date: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy</p> <p>2. Enter Prior Authorization/Referral Number/CLIA information if applicable</p> <p>a. Click the red  to expand the Prior Authorization/CLIA section</p> <p>b. Enter the Prior Authorization Number Prior Authorization Number: <input type="text"/> *</p> <p>c. Select "Yes" or "No" if the Prior Authorization is a MDCH PA</p> | <ul style="list-style-type: none"> There are multiple categories marked with a  . These are expandable. Data should be entered into these fields as they pertain to the claim you are entering. Only leave expandable boxes open if you have entered data in those fields. If no data is entered, keep expandable boxes closed. Relevant Dates: <ul style="list-style-type: none"> Discharge Date must be equal to or greater than the Admission Date The Relinquished Care Date must be greater than or equal to the Assumed Care Date in the claim Prior Auth/Referral Number/CLIA: <ul style="list-style-type: none"> When a prior authorization (PA) is entered, the user must select a radio button to Indicate whether the PA is MDCH issued or not. If yes is selected, the PA is MDCH issued and must be validated in PA tables. If no is selected, no validation of the number is required. The referral number can be used if the claim includes a second prior authorization number. |

| | <p>MDCH PA: <input type="radio"/> Yes <input type="radio"/> No</p> <p>d. Enter the Referral Number</p> <p>e. Enter the CLIA Number <small>CLIA Number:</small> <input type="text"/></p> <p>3. To add a Claim Note, do the following:</p> <ol style="list-style-type: none"> Click the red  to expand the Claim Note section Enter information in the Claim Note field <p>4. Select "Yes" or "No" for the "Is this claim related to Chiropractic Spinal Manipulation?" question</p> <p>5. Select "Yes" or "No" for the "Is this a vision claim involving replacement lenses or frames?" question</p> <p>6. Select "Yes" or "No" for the "Is this claim accident related?" question</p> <p>7. Select "Yes" or "No" for the "Does this claim have backup documentation?" question</p> <p>8. Enter the Patient Account Number <small>Patient Account No.:</small> <input type="text"/> *</p> <p>9. Enter the Place of Service <small>Place of Service:</small> <input type="text"/> *</p> <p>10. Enter a Diagnosis Code in at least one (1) of the Diagnosis Codes fields <small>Diagnosis Codes: 1:</small> <input type="text"/> *</p> <p>11. To add optional Anesthesia Related Procedure, Condition Information, Delay Reason or Ambulance Information, do the following:</p> <ol style="list-style-type: none"> Click the red  to expand the sections | <ul style="list-style-type: none"> Claim Notes are restricted to 80 characters. Accident Related: <ul style="list-style-type: none"> If "YES" is selected, choose an option from at least one (1) of the Related Causes drop-down lists. Optionally, complete the remaining fields. Backup Documentation: <ul style="list-style-type: none"> If "YES" is selected for this question, add a Claim Note and enter the EZLink information relating to the backup documentation for the claim. Patient Account Number: <ul style="list-style-type: none"> Once entered can be used as a filter by function when inquiring on the claim. |
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| Action | Submit Professional Claims Online – Basic Line Item Information | Notes |
| Basic Line Item Information | <p>1. Enter a date in the Service Date From and To fields <small>Service Date From:</small> <input type="text"/> <small>mm dd yyyy</small> * <small>To:</small> <input type="text"/> <small>mm dd yyyy</small> *</p> <p>2. Optionally, enter the Place of Service <small>Place of Service:</small> <input type="text"/></p> <p>3. Optionally, enter the Procedure Description</p> | <ul style="list-style-type: none"> If place of service is 21 and patient original source of admission was through the ER, report Yes in the EMG field. |

Procedure Description:

Characters Remaining: 10

4. Enter a **Procedure Code** Procedure Code: *
5. Enter **Submitted Charges** Submitted Charges: \$ *
6. Enter the **Units/Quantity** Units/Quantity: *
7. Optionally, enter up to four (4) **Modifiers** Modifiers: 1:
8. Optionally, select an option in the **EPSDT/Family Planning** drop-down list EPSDT/Family Planning:
9. Select an option in at least one (1) of the **Diagnosis Pointers** drop-down lists Diagnosis Pointers: 1: *
10. Select "Yes" or "No" option in the **EMG** (Emergency) drop-down list EMG : *
11. Optionally, enter a **Claim Note**

Claim Note:

Characters Remaining: 10

12. Enter **Prior Authorization/Referral Number/CLIA** information if different than information reported at the header of claim

- Enter the **Prior Authorization Number**
Prior Authorization Number: *
- Select "Yes" or "No" if the Prior Authorization is a **MDCH PA** MDCH PA: ☐ Yes ☐ No
- Enter the **Referral Number**
Referral Number:
- Enter the **CLIA Number** CLIA:

12. Optionally, enter the **Rendering Provider ID**, select a **Type** from the drop-down list, and enter a **Taxonomy Code**
13. Optionally, enter the **National Drug Code**, enter a **Quantity, Unit**,

- If more than 1 procedure code is reported on the HCFA, you must enter each service separately and click on **Add Service Line Item** after each entry.

- Enter the **Rendering Provider ID ONLY** if it is different from the one entered in the header.

- If more than 1 National Drug Code needs to be added, each NDC will require a separate service line and each line will require a **Qualifier and Prescription/Link No.**

- The **Update Service Line Item** button is only applicable if Service Lines have previously been added to the claim.

- If no errors are detected, a confirmation message appears providing a Transaction Control Number (TCN). If errors are detected, a pop-up error message appears. Click the OK button to close the error message and return to the claim to fix any errors.


- Select the claim Template within the list page or find the Template by selecting an option such as "Template Number" in the filter by menu **Filter By :** .

Prescription Date, Qualifier and Prescription/Link No



National Drug Code: Quantity: Unit: Prescription Date: Qualifier: Prescription/Link No:

- TCN replaces Claim Reference Number (CRN).

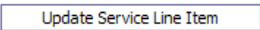
14. To optionally add **Ambulance Information** that is different then listed at the header, do the following:


- Click the red  to expand the **Claim Note** section
- Enter information in the **Claim Note** field



15. Click the **Add Service Line Item**  button


- The Service Line Item will appear under the “Previously Entered Line Item Information” section
- Optionally, click **Line No.** to retrieve line item information for editing
- Optionally, click **Insurance Info** hyperlink to add other insurance information at the line level
- Optionally, click  to duplicate the service line
- Optionally, click  to delete service line


16. Repeat **Steps 1 – 15** to add additional Service Lines

17. Click the **Update Service Line Item**  button to make changes to a previously added Service Line

18. Click the **Submit Claim**  button in the upper left hand corner of the screen.

a. If you wish to save the claim as a Template prior to clicking Submit Claim  click the Save as Template  button.

b. A confirmation message appears providing a Template Number, click the **Print** button on the Print Pop Up screen .

c. To locate the Template click on the **Menu** bar  then **Claim Submission** then **Search Template**.



19. Click the **Print** button on the Print Pop Up screen which contains the TCN (Transaction Control Number). 